_____
_____
_____
_____

Family History

Any family history of neuropathy, diabetes, or autoimmune diseases?

_____
_____

Lifestyle and Habits

Alcohol use:	■ None ■ Occasional ■ Regular
Tobacco use:	■ Never ■ Former ■ Current
Physical activity:	■ Sedentary ■ Moderate ■ Active
Dietary habits:	■ Balanced ■ Vegetarian ■ High sugar ■ Other: _____

Review of Systems (check all that apply)

■ Fatigue	■ Weight loss	■ Night sweats
■ Vision changes	■ Dizziness	■ Headaches
■ Muscle weakness	■ Muscle cramps	■ Loss of coordination
■ Numbness/tingling	■ Pain	■ Skin color changes

Prior Testing

Have you had any of the following tests?
■ Nerve conduction study (EMG/NCS) ■ MRI spine ■ Blood tests ■ Skin biopsy ■ Other:
_____

Additional Notes or Concerns

_____
_____
_____
_____

Peripheral Neuropathy Evaluation – Patient Intake Form

Patient Information

Name:

Address:

Email:

Date of Birth:

Phone:

Occupation:

Chief Complaint

Describe your main symptoms and when they began:

_____

_____

_____

_____

Symptom Characteristics

Type of Sensation (check all that apply): ■ Numbness ■ Tingling ■ Burning ■ Sharp pain ■ Electric shock-like ■

Location of symptoms: ■ Feet ■ Legs ■ Hands ■ Arms ■ Other: _____

Symmetry: ■ Both sides equally ■ One side worse ■ One limb only

Time course: ■ Gradual onset ■ Sudden onset ■ Intermittent ■ Constant

Medical History

Do you have (or have you ever had):

■ Diabetes

■ Vitamin deficiency (B12, folate, etc.)

■ Chemotherapy exposure

■ Kidney disease

■ Spinal problems or back injury

■ Thyroid disease

■ Autoimmune disease

■ Alcohol use

■ Liver disease

■ History of infections (e.g., Lyme, HIV, Hepatitis)

Current Medications

List all current medications and supplements:

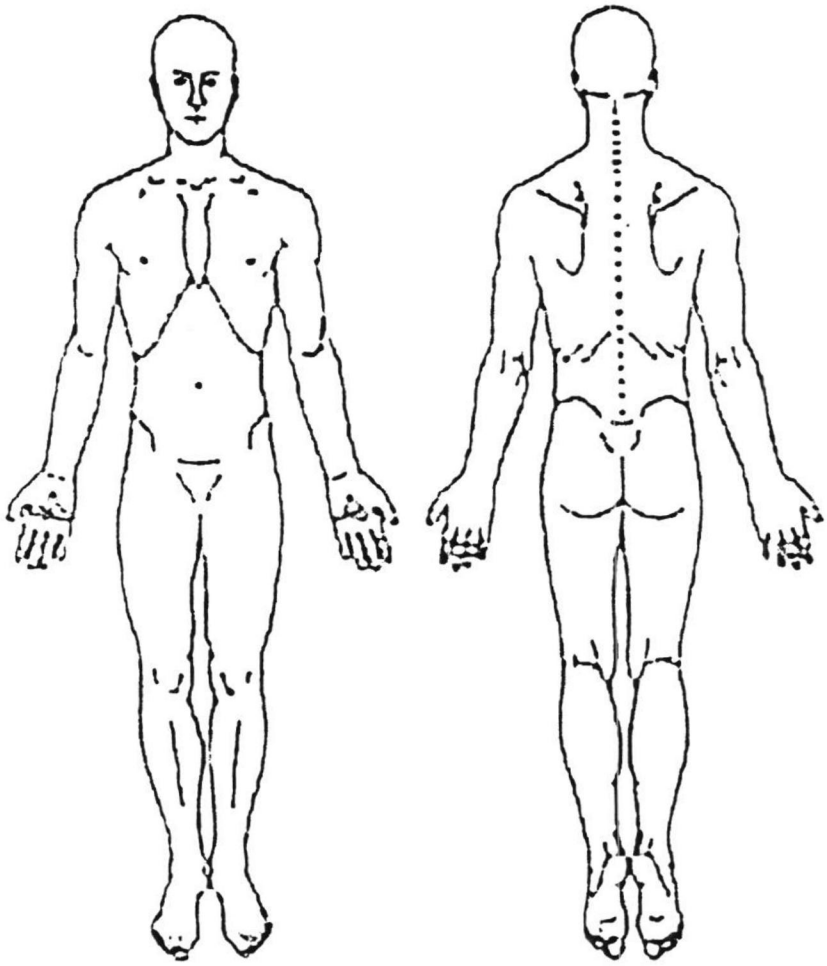
Name: DOB: Date:

EMG Intake Form

Please rate the severity of your pain by circling a number below

No Pain	1	2	3	4	5	6	7	8	9	10	*Unbearable Pain*

On the diagram below please indicate where you are experiencing your symptoms



A = Ache **B** = Burning **N** = Numbness

P = Pins and Needles **S** = Stabbing **O** = Other

Over →

Your signature on this form indicates you understand the following and consent to EMG/ NCS testing. The following information will help you understand the procedures to be performed, and risks involved so you can be an informed patient.

The studies to be performed typically include a physical examination of the injured and related body parts. If there is any discomfort during the testing, you may tell the examiner or ask questions at any time.

This test involves a small stimulation similar to static electricity, applied to your arm, and or leg. You may feel a tingling or buzzing sensation or brief muscle twitch. This test allows us to measure the health of involved muscles with a small electrode. This pin electrode is disposable and pre-packaged as a sterile and never pre-used or re-used. Some risks that may occur because of the testing include bruising, discomfort, bleeding, or possible infection or allergic reaction. Please tell the doctor if you are on any blood thinners, have a heart catheter, or any transmittable disease infections.

Signature of patient: _____ **Date:** _____

DOB: _____

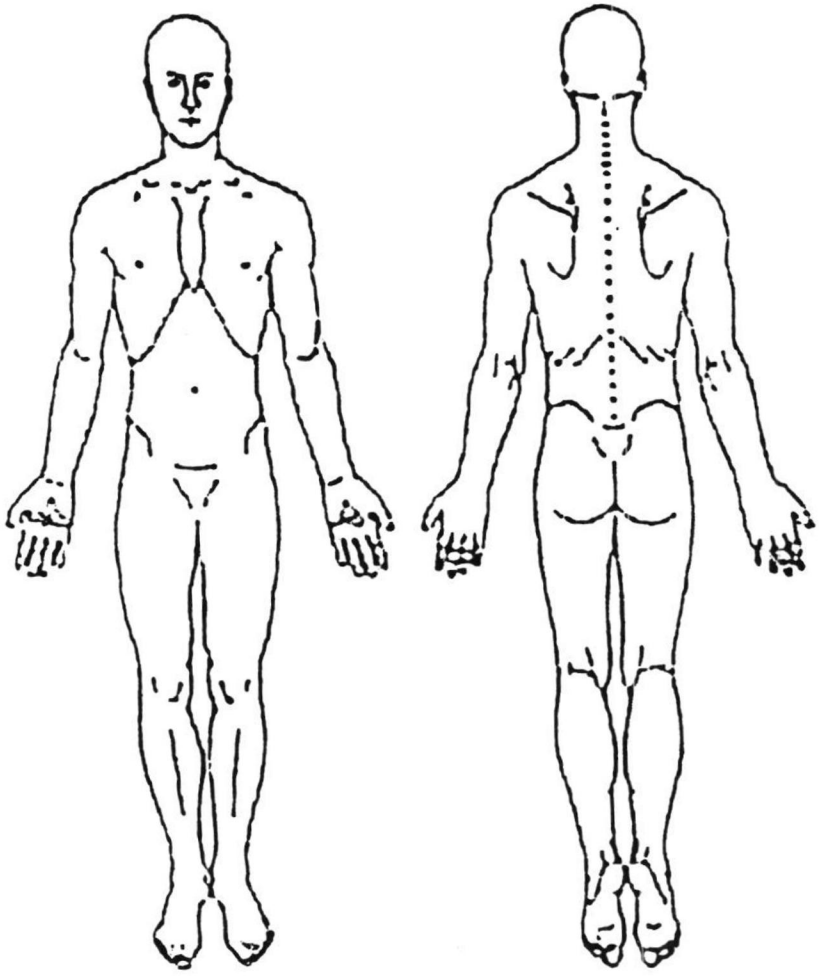
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Signature of patient: _____ **Date:** _____

DOB: _____

GARRETT SPINE, NERVE & PAIN CENTER

EMG TESTING

Please arrive 15 minutes before your scheduled appointment time.

If an appointment is not canceled at least 24 hours in advance, the patient may not be eligible for rescheduling. Should the patient wish to reschedule, a $150.00 fee will be required prior to rescheduling a new appointment.

Appointment Confirmation Requirement

All EMG appointments must be confirmed with our office at least 72 hours prior to the scheduled appointment date and time. Patients who fail to confirm their appointment within this timeframe will be removed from the schedule and will not be seen.

Due to the length of EMG appointments, a missed appointment results in a significant loss of provider time and prevents other patients from being scheduled. Many patients are waiting for available appointment times, and this policy helps ensure fair and timely access to care for everyone.

If your appointment is cancelled due to failure to confirm, you will be required to contact the office to discuss rescheduling. Rescheduling is not guaranteed and may be subject to our cancellation and no-show policies.

The following is a list of items you should have available when you arrive at your appointment: **INSURANCE CARD, PHOTO ID, CO-PAYMENT**

EMG: Electromyography is a diagnostic medical test that measures the electrical activity of muscles. It involves inserting small electrodes into the muscle or placing electrodes on the skin to detect and record muscle contractions.

Please wear loose fitting clothing. Do NOT apply lotions. For upper testing wear a tank top, for lower testing wear shorts. You may be required to change into correct clothing.